

FILE NOW: FILING FEE IS \$61.25

AMENDED

\*NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

99 MAY 26 AM 11:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 717924

1. Corporation Name

The Women's Fellowship Association of the  
Apostolic Faith, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 18530 NW 47 Street

Suite, Apt. #, etc.

22 City & State

23 Miami FL

24 Zip 33055

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

1-20-70

4. FEI Number

23-7161072

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

Showing officers

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name Henrietta Jo Pace Ealey  
82 Street Address (P.O. Box Number is Not Acceptable) 66 W. Flagler St S-300  
83 City Miami FL  
84 Zip Code 33130  
85 FL

11. Pursuant to the provisions of Sections 617.0502 and 617.108, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Henrietta Jo Pace Ealey

5/19/99

12. OFFICERS AND DIRECTORS

TITLE	President	[ ] DELETE
NAME	Ernestine Streeter	
STREET ADDRESS	18530 NW 47 Street Miami, FL	
CITY-ST-ZIP		[ ] DELETE
TITLE	Vice President	[ ] DELETE
NAME	Jacquelyn White	
STREET ADDRESS	520 NW 70 Street	
CITY-ST-ZIP	Miami FL 33138	
TITLE	Secretary	[ ] DELETE
NAME	Veronica Turner	
STREET ADDRESS	3137 NW 5 Avenue Apt 4	
CITY-ST-ZIP	Miami FL 33127	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		[ ] DELETE
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[ ] Change [ ] Addition
12 NAME	
13 STREET ADDRESS	100002885721--6
14 CITY-ST-ZIP	-05/25/99--01060--017
21 TITLE	*****\$1.25 [ ] Change [ ] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[ ] Change [ ] Addition
32 NAME	
33 STREET ADDRESS	100002885721--6
34 CITY-ST-ZIP	-05/25/99--01060--018
41 TITLE	*****\$8.75 [ ] Change [ ] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[ ] Change [ ] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Ernestine Streeter  
Ernestine Streeter, President

5/19/99

CR2E037 (11/98)